

UC IRVINE TRIP CANCELLATION FORM
Applicable for cancellation due to Travel Policy Amendment COVID-19

This form is solely for UCI business trips that have been cancelled under the Travel Policy Amendment COVID-19, on 3/11/2020 for domestic and international trips. Please submit the required backup documentation based on the UC G-28 Travel Regulations. *For international business trips, do not submit an application to CHUBB for these cancellations as UCI Risk Services will submit on behalf of the University.*

TRAVEL REIMBURSEMENT INFORMATION:

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone # _____ Email: _____

Explanation, Reason of Business Trip:

Trip Departure Date: _____ Trip Return Date: _____

Trip Type: _____ Domestic _____ International

Destination From: _____ To: _____

Related to Amended Travel Policy COVID-19 ___ Yes ___ No Date Trip Cancelled: _____

Total Amount Reimbursement Request: \$ _____

Original Account Number _____ Object Code: _____

Federal Award? ___ No ___ Yes. If yes, the award number _____

Submitted Travel Reimbursement document? Travel Reimbursement Document # _____

Reason for Claim: _____

___ Certification Statement: I certify the statements herein are true in all respects; that payment of the amounts claimed has not and will not be reimbursed to the traveler from any other source(s); that no claims are included for expense of a personal nature or for any other expense not authorized for University business. I have attached original receipts as required by UC Policy.

Signature: _____ Date: _____

Fiscal Officer Name: _____ Signature: _____

Exceptional Approval Name: _____ Signature: _____

Submit this form and receipts to Risk Services: riskmgmt@uci.edu
Claim questions, contact Risk Services: riskmgmt@uci.edu
Travel and policy questions, send email to: travel-accounting@uci.edu